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TO: U.S. Patent and Trademark Office
Examiner: Douglas W. Owens
Art Unit: 2811

DATE: April 27, 2005

FROM: Dariusz G. Adli
Voice: (213) 337-6809, Fax: (213) 337-6701
dgadli@hhlaw.com

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 12

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MESSAGE:

Patent Application No.: 10/829,146; Our Ref. 81751.0071

I hereby certify that the following documents:

☒ Amendment/Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9306 (Art Unit 2811)

CLIENT NUMBER: 81751.0071

ATTORNEY BILLING NUMBER: 5214

CONFIRMATION NUMBER: (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81751.0071
Patent Application No. 10/829,146

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Nobuaki HASHIMOTO

Serial No: 10/829,146

Confirmation No.: 5088

Filed: April 12, 2004

For: ELECTRONIC DEVICE AND METHOD OF
MANUFACTURING THE SAME (Amended)

Art Unit: 2811

Examiner: Douglas W. Owens

I hereby certify that this correspondence
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P.O. Box 1450
Alexandria, VA 22313-1450 on

April 27, 2005

Date of Deposit

Diane Zynn

Name

Diane Zynn 04/27/05
Signature Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	5	-	20	0	LG=\$50 SM=\$25	\$0	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	0	LG=\$200 SM=\$100	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1914. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Darius G. Adli
Darius G. AdliRegistration No. 51,386
Attorney for Applicant(s)

Date: April 27, 2005

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Los Angeles, California 90071
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Facsimile: 213 337-6701

Appl. No. 10/829,146
Amdt. Dated April 27, 2005
Reply to Office Action of January 27, 2005

Attorney Docket No. 81751.0071

Customer No.: 26021

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April 27, 2005

Date of Deposit

Diane Zym

Name

Signature

04/27/05
DateAMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated January 27, 2005, please amend the
above-referenced application as follows:

Amendments to the specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which
begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.